Medical Form for Round Hill Minor Ball Association

To be completed by the athlete/parent

Last Name:_____ First Name:_____

Address:_____ City:_____ Prov:_____

Date of Birth: _____ Home Phone #:_____Postal Code :_____
D/M/Year

Health Care Number:_____ Province:_____

Emergency Contact

Name:_____ Relationship:_____

Address:_____ Phone #:_____

Family Dr's Name;_____ Date of last Physical:_____

Medical questions - If you answer yes to any explain below:	Yes	No
1. Have you ever been hospitalized	☐	☐
2. Have you ever had surgery?	☐	☐
3. Are you presently taking any medications?	☐	☐
4. Are you presently taking any vitamins or supplements?	☐	☐
5. Do you have any allergies (medicine, bees, environmental)?	☐	☐
6. Have you ever passed out during or after exercise?	☐	☐
7. Do you tire more quickly than your friends during exercise?	☐	☐
8. Have you ever had high blood pressure/heart murmur?	☐	☐
9. Have you ever had racing of your heart or skipped heartbeats?	☐	☐
10. Have you ever had heat or muscle cramps?	☐	☐
11. Have you ever been dizzy or passed out in the heat?	☐	☐
12. Do you have trouble breathing or do you cough during or after activity?	☐	☐
13. Do you use any special equipment (pads, braces, eye guards etc)?	☐	☐
14. Do you use any dental appliances?	☐	☐
15. Have you had any problems with your eyes or vision/wear glasses/contacts?	☐	☐
16. Have you had any medical problems or injuries since your last evaluation?	☐	☐
17. Have you had any recent unexplained weight changes?	☐	☐
18. When was your last tetanus shot?	☐	☐
19. When was your last measles immunization?	☐	☐
20. Have you ever had a seizure?	☐	☐
21. Have you ever had a head injury (concussion/knocked out etc)?	☐	☐
22. Have you ever had a neck injury (strain/sprain/fracture etc)?	☐	☐

Explain “yes” answers below:

_____

_____

_____

_____

Circle any of the areas that you have INJURED IN THE PAST and explain the injury below:

Hand Elbow Neck Hip Shin/Calf Wrist Arm Chest

Thigh Ankle Forearm Shoulder Back Knee Foot

Year of injury Type of injury Side (right, left, both) Is it still a problem?

_____

_____

_____

_____

I hereby certify the above information to be correct.

Athlete Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____